

B 210A (Form 210A) (12/09)

UNITED STATES BANKRUPTCY COURT

In re LEHMAN BROTHERS HOLDINGS INC.

Case No. \_\_\_\_\_

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(c)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

TSUI WAI HUNG  
Name of Transferee

WAIWA INVESTMENTS CORPORATION  
Name of Transferor

Name and Address where notices to transferee should be sent: FLAT B2, 8/F, BLOCK B  
EVERGREEN VILLA, 43, STUBBS  
ROAD, HONG KONG.

Phone: (852) 2890 3798  
Last Four Digits of Acct #: \_\_\_\_\_  
AGGREGATION NUMBER: W0022439

Name and Address where transferee payments should be sent (if different from above):

DITTO

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

Court Claim # (if known): \_\_\_\_\_  
Amount of Claim: \_\_\_\_\_  
Date Claim Filed: \_\_\_\_\_

Phone: (852) 2890 3798  
Last Four Digits of Acct. #: \_\_\_\_\_  
AGGREGATION NUMBER: W0022439

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: [Signature]  
Transferee/Transferee's Agent  
TSUI WAI HUNG

Date: 28 JUN 2017

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.


**CERTIFICATION REGARDING STATUS**

Creditor Name: TSUI WAI HUNG  
Claim Number(s):

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor (the "Creditor"), and hereby certify that neither the Creditor nor, to the best of the Creditor's knowledge, any person or entity for whom the Creditor may be acting or who may be the beneficial owner of the applicable claim(s), security/(ies), or interest(s) is a person or entity with whom it is illegal for a U.S. person to transact under the Office of Foreign Asset Control (OFAC) sanctions regulations and the list of Specially Designated Nationals and Blocked Persons.

Dated: 28 JUNE 2017

Signature



Print Name

TSUI WAI HUNG

Title (if applicable)

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Form **W-8BEN**

(Rev. February 2014)

Department of the Treasury  
Internal Revenue Service

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner <b>TSUI WAI HUNG</b>	<b>2</b> Country of citizenship <b>HONG KONG</b>
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>FLAT B2, 8/F, BLK B, EVERGREEN VILLA, 43 STUBBS ROAD</b> City or town, state or province. Include postal code where appropriate. <b>HONG KONG</b>	
<b>4</b> Mailing address (if different from above)  City or town, state or province. Include postal code where appropriate.  <b>Country</b> <b>HONG KONG</b>	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions) <b>10-15-1954</b>

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here ►

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

**TSUI WAI HUNG**

Print name of signer

**JUNE 28 2017**

Date (MM-DD-YYYY)

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2014)

LEHMAN BROTHERS HOLDINGS INC., ET. AL.  
C/O EPIQ BANKRUPTCY SOLUTIONS, LLC  
PO BOX 4199  
PORTLAND OR 97208-4199



DEBTOR: LEHMAN BROTHERS HOLDINGS INC.



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WAIWA INVESTMENTS CORPORATION  
FLAT B2, 8/F BLOCK B  
EVERGREEN VILLA  
43 STUBBS ROAD  
HONG KONG  
HONG KONG

Aggregation Number: W0022439

Wire Amount: \$1,692.73

Wire Date: April 6, 2017

You have received a wire payment for the enclosed distribution related to the allowed claim(s) set forth on the attached schedule in connection with the jointly administered Chapter 11 bankruptcy cases of Lehman Brothers Holdings Inc. and its affiliated debtors (collectively, the "Debtors").

The disbursement(s) set forth on the attached schedule are made in accordance with the relevant terms of the Modified Third Amended Joint Chapter 11 Plan of Lehman Brothers Holdings Inc. and its Affiliated Debtors as confirmed by the Bankruptcy Court on December 6, 2011. Please note that the total distribution amount reflects the deduction of a \$20 wire transfer fee. The Plan Administrator reserves the right to recover any portion of a distribution that was made in error. If you have any questions, please contact Epiq Bankruptcy Solutions, LLC at 866-879-0688 (non-US: +1 503-597-7691).

PAYMENT TRANSACTION NUMBER: 91125

(6/16/2016) BALANCE B/F

US\$ 95,813.00

1,692.73

(48.75%)

US\$ 97,506

  
7/18/17

PAYEE: WAIWA INVESTMENTS CORPORATION

Wire Date: April 6, 2017

AGGREGATION NUMBER: W0022439

DEBTOR: LEHMAN BROTHERS HOLDINGS INC.

Claim/ Schedule No.	ISIN/CUSIP (if applicable)	Blocking No. (if applicable)	Claim Class per Plan	Allowed Amount	Payout Percentage	Principal Amount	Interest <sup>A</sup>	Disbursement Amount <sup>B</sup>
47611.00	XS0195333520	6054136	05 SENIOR THIRD-PARTY GUARANTEE	\$200,000.00	0.00856369	\$1,712.73		\$1,712.73
			Wire Transaction Fee - Domestic Bank Account					\$ -20.00

Aggregated total: \$1,692.73

The Plan Administrator reserves the right to recover any portion of a distribution that was made in error.

<sup>A</sup> Interest is payable only on previously disputed claims pursuant to the Plan.

<sup>B</sup> Disbursement Amount calculated by multiplying Allowed Amount by Payout Percentage, rounded down to the nearest penny, plus any interest, if applicable.

